

2700 INTERNAL TRANSFER REQUEST FOR S.N.

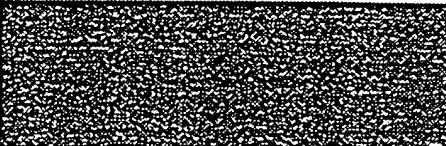
| | | |
|--------------------------|--|--------------|
| DATE: <u>6/19/02</u> | FROM: <u>Huynh, Lan STEPHEN S. HONG</u> <u>PRIMARY EXAMINER</u> | (print name) |
| FORWARD TO: | REASON(S): | |
| A. Art Unit: <u>2153</u> | <input type="checkbox"/> | (check box) |
| B. Class: <u>769</u> | <input type="checkbox"/> | (check box) |
| C Subclass: <u>232</u> | <input type="checkbox"/> | (check box) |
| D. See Claim(s): | | |

FURTHER EXPLANATION IF NEEDED:

Data transferring.

| | | |
|--------------------|--------------------------|--------------|
| DATE: _____ | FROM: _____ | (print name) |
| FORWARD TO: | REASON(S): | |
| A. Art Unit: _____ | <input type="checkbox"/> | (check box) |
| B. Class: _____ | <input type="checkbox"/> | (check box) |
| C Subclass: _____ | <input type="checkbox"/> | (check box) |
| D. See Claim(s): | | |

FURTHER EXPLANATION IF NEEDED:

| | | |
|--|--------------------------|--------------|
| DATE: _____ | FROM: _____ | (print name) |
| FORWARD TO CLASSIFIER  | REASON(S): | |
| A. You had Parent | <input type="checkbox"/> | (check box) |
| B. See Title | <input type="checkbox"/> | (check box) |
| C. See Abstract | <input type="checkbox"/> | (check box) |
| D. See Claim(s): | _____ | |

FURTHER EXPLANATION IF NEEDED:

| | | |
|------------------------------------|--------------------------|-------------|
| DISPOSITION BY 2700 CLASSIFICATION | | |
| DATE: _____ | CLASSIFIER: _____ | |
| FORWARD TO: | REASON(S): | |
| A. Art Unit: _____ | <input type="checkbox"/> | (check box) |
| B. Class: _____ | <input type="checkbox"/> | (check box) |
| C Subclass: _____ | <input type="checkbox"/> | (check box) |
| D. See Claim(s): | | |

FURTHER EXPLANATION IF NEEDED: